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2010 FEB 18 AH 11:52

FEC FORM 1

## **STATEMENT OF ORGANIZATION**

|                               | (See instructions)                             |  | Office use only                          |             |
|-------------------------------|--|--|--|-------------|
| 1. NAME OF<br>COMMITTEE (in   | ull) (Check if name is changed)                | Example: If typying, type over the lines                                   | 12FE4M5                                  |             |
| Gordon for Co                 | ngress   |  |  | 111         |
| سيسيا                         |  |  |  |             |
| ADDRESS (number and s         | 1 Belmont Avenue S                             | Suite 703  |  |             |
| (Check if address is changed) |  |  |  |             |
|                               | Bala Cynwyd                                    |  | PA 19004 -                               |             |
|                               |  | CITY   | STATE ZIP CODE                           | •           |
| COMMITTEE'S E-MAI             | L ADDRESS (Please provide only one             | e-mail address)  |  |             |
| (Check if address is changed) | gucpa@aol.com                                  | <u> </u>   | <u> </u>                                 |             |
|                               |  |  |  |             |
|                               |  |  |  |             |
| COMMITTEE'S WEB               | PAGE ADDRESS (URL)                             |  |  |             |
| (Check if address is changed) | Pending  |  |  |             |
|                               |  | <u> </u>   | <u> </u>                                 |             |
|                               |  | *                                    |  |             |
| 2. DATE M. N. 1.2             | / D D / Y 2009                                 |  | ·  |             |
| 3. FEC IDENTIFICA             |  | C C00472779  |  |             |
| 4. IS THIS STATEM             | ENT NEW(N) OR                                  | AMENDED (A)  | יי                                       |             |
|                               |  | tound  |  |             |
| I certify that I have exam    | ned this Statement and to the best of my known | owledge and belief it is true, correct ar                                  | d complete                               |             |
| routiny that I have commit    |  |  |  |             |
| Type or Print Name of         | Treasurer Wayne R. Gifford                     | d  |  | •           |
| Signature of Treasure         | Mga  | 1  | Date 0,1 2,9 2                           | , o , / , o |
| NOTE: Submission of fal       | se, erroneous, or incomplete information ma    |  | ment to the penalties of 2 U.S.C. §437g. |             |
| Office<br>Use                 |  | For further information of Federal Election Commiss Toll Free 800-424-9530 |  |             |